

Case Number:	CM14-0043437		
Date Assigned:	07/02/2014	Date of Injury:	10/10/2013
Decision Date:	08/25/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker was working as a licensed vocational nurse when he rose from a sitting position and fell on 10/10/2013. He got up and loss consciousness again hitting his head, upper back, neck and shoulders against a wall. He injured his neck and left shoulder. He received medication and physical therapy with decreased pain and increased function. He continued working until the employer could no longer accommodate modified duty. MRI of the left shoulder demonstrated moderate acromioclavicular osteoarthritis. On physical examination of the left shoulder revealed tenderness to palpation on the left deltoid and AC joint. The left shoulder range of motion showed 130 degrees flexion, 40 degrees extension, 132 degree abduction, 34 degrees adduction, 90 degrees external rotation and 70 degrees internal rotation. Neer's, Hawkins, Jobe's and cross chest adduction tests were positive. The neck was tender to palpation and decreased in lateral bending and rotation. Compression and Spurling's were positive. The diagnoses included a cervical strain and a shoulder strain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy 3X4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

Decision rationale: The injured worker complains of increased pain and decreased function in the left shoulder. The previous physical therapy resulted in decreased pain and increased function. The MTUS Guidelines recommend physical therapy 8-10 sessions for myalgia and neuritis type conditions. The current request exceeds the MTUS recommendations and there is no supporting documentation to explain the need for 12 sessions of physical therapy for the left shoulder at this time. Therefore the request is not medically necessary.